

Parent & Baby Swimming

Term 2

12th Jan- 29th March 2012



Class Times & Days

Thursday 12.15-12.45pm

Prices (12 weeks)

Members: €40 or €7.50 per Class
Non Members: €80 or €12.50 per Class

Suitable for Babies
from 8 weeks to
1.5yrs old

To develop and build baby's confidence in the water, parent & baby swimming is a fun and sociable class for you and baby – helping you make the most of this precious time with your baby. Your baby will love the sensation of water, splashing, playing games & singing!



PLEASE NOTE:

- There will be no class on Thursday 16th Feb



Additional information:

- Wet suit style swim suits can be worn.
- It is preferable for the babies not to wear armbands or floating devices.
- Non-members will require a wrist band to avail of lockers and free car parking. Wristbands are available to purchase from reception for €10.00
- Management reserve the right to merge or withdraw classes from the timetable.
- DCU Sport's Code of Conducts must be adhered to at all times.

DCU Sport Creating Purpose through People and Programmes

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www.dcu.ie/dcusport



Parent & Baby Swimming Application Form

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other:	
Surname:	Mobile:
Forename:	Email:
Local Address:	Date of Birth:
	Emergency Contact Name:
	Emergency Contact Number:
Baby Name:	
Do you have any injuries/illnesses that we should be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please specify:	
Are you on any medication: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please specify:	
Are you a sports complex members: Yes <input type="checkbox"/> No <input type="checkbox"/>	

I fully understand the strenuous nature of the programme and the risks associated with physical exercise. I accept responsibility for my health and well-being in the voluntary exercise programme and related tests and understand that no responsibility is assumed by the leaders of the programme / the instructors of University Sports Complex arising out of any accident, injury or loss sustained by me as a result of activities at or present in University Sports Complex.

Participant's Signature: _____ Date _____



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